




**LOURDES A. LEON GUERRERO**  
Governor, Maga'håga'

**JOSHUA F. TENORIO**  
Lt. Governor, Sigundo Maga'låhi

# Removable Storage Device EXCEPTION REQUEST

Reference OTECH-POL2024-001: Removable Storage Device Policy

<b>1. Date:</b>		<b>2. Requested Service Date:</b>		<b>3. Agency #:</b>	
<b>TO:</b>  <b>FRANCISCO L.G. LUJAN, Jr.</b> <i>Chief Technology Officer</i> <b>OFFICE OF TECHNOLOGY</b> <b>GovGuam Data Center</b> 211 Aspinall Avenue Hagatña, Guam 96910		<b>4. Requestor/Technical Contact:</b>			
		Name:			
		Job Title:			
		Phone:	Mobile:	Fax:	
Email:					
<b>5. User Agency Information:</b>			<b>6. Removable Device Type:</b>		
Department/Agency:		<input type="checkbox"/> USB Flash Drive			
Division:		<input type="checkbox"/> HDD/SSD Drive ( <i>external hard drive</i> )			
Branch/Bureau/Section:		<input type="checkbox"/> Network Access Storage Enclosure ( <i>NAS</i> )			
		<input type="checkbox"/> OTHER, Specify: _____			
Duration needed for exception request:					
<b>7. Request for Personnel:</b> <i>List personnel (user) requiring exception (attach additional sheets as needed)</i>					
<b>Name</b>			<b>Position Title</b>		
<b>Email Address</b>			<b>Work Phone</b>		
<b>8. Computer Requested:</b> <i>List the computer name and IP Address requested to utilize the removable storage device</i>					
<b>PC Name</b>			<b>IP Address</b>		
<b>9. Purpose/Justification:</b> <i>Provide a brief business justification narrative clarifying the Government business requirement for this exception request. Attach additional sheets/documents as needed to support request.</i>					
<b>10. Required Agency Approvals:</b> <i>(Note that the request will not be completed without clearly printed Agency Names and Signatures)</i>					
	Print Name	Signature	Date		
<b>Employee's Immediate Supervisor</b>					
<b>Employee's Branch/Bureau Manager</b>					
<b>Agency Director</b>					
<b>11. DISCLAIMER:</b> The Office of Technology implements tightly regulated controls and protocols to help prevent pervasive and dangerous cyberattacks into the Government of Guam network. I understand that this request is a potential security vulnerability and that access is granted for the purpose of conducting official Government of Guam business. I understand that this request will be provisioned based on the purpose and justification aforementioned above. I also understand that this request is valid for a period of one year or the duration required to perform and fulfill my Government duties and responsibilities and that it is my responsibility to file an extension to this request, if need be. Misuse of this request will be cause for disciplinary actions. I acknowledge this disclaimer notice by signing below. <a href="#">Reference OTECH-POL2024-001: Removable Storage Device Policy</a>					
<b>Requestor (Supervisor) Signature:</b>		<b>Date:</b>			
<b>User Signature:</b>		<b>Date:</b>			
<b>12. OTECH Approvals: To be completed by OTECH personnel</b>					
<b>Received and Reviewed by (print name):</b>			<b>Signature:</b>		<b>Date:</b>
CTO Review: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RETURNED			<b>Signature:</b>		<b>Date:</b>
<b>13. OTECH Processing: To be completed by OTECH</b>					
Computer Name:		User:		IP:	
OU:		Details:			
Additional Notes/Comments:					
Created By:		Signature:		Date:	